

**DATE PRESENTING CLINICAL SIGNS**

1/2/22 Vomiting. Lethargic.

PATIENT

Mason Bacon Green

History: Date: 12-31-2021 Notes: got into garbage can in kitchen 2 nights ago - since then he has vomited about 30 minutes after eating, but still has appetite. Has been keeping down water. Has never been one to chew up toys or beds or foreign objects but has always tried to get into trash.

SPECIES

Canine

Medications: attached.
Labs: attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.

BREED

Beagle

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

AGE

2007

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia noted in the right kidney. The right kidney measured 5.09 cm. Polycystic cortical changes noted in the left kidney. The left kidney measured 5.92 cm with trace pyelectasia of 0.29 cm.

WEIGHT

28.7 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

The **right adrenal gland** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 2.03 cm x 1.15 cm at the cranial pole and 0.73 cm at the caudal pole.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAMEAnimal Emergency
Hospital

The **left adrenal gland** presented slight pinpoint mineralizations noted in the parenchyma with generalized enlargement at 2.35 cm x 0.78 cm at the caudal pole and 0.68 cm at the cranial pole.

REFERRING VET**Spleen**

The **spleen** presented multifocal hypoechoic nodular changes up to 0.72 cm. Mild disruption of architecture noted.

INVOICE

33929

Liver

The **liver** presented increased portal markings. The gallbladder wall was thickened. Multifocal hypoechoic nodules were noted with mild disruption of architecture.

Gastrointestinal

The **stomach** itself was unremarkable. Variable small intestinal thickening noted with empty lumen. However, thickened muscularis and increased submucosal echogenicity noted with reactive mesentery, most consistent with acute on chronic enteritis.

Pancreas

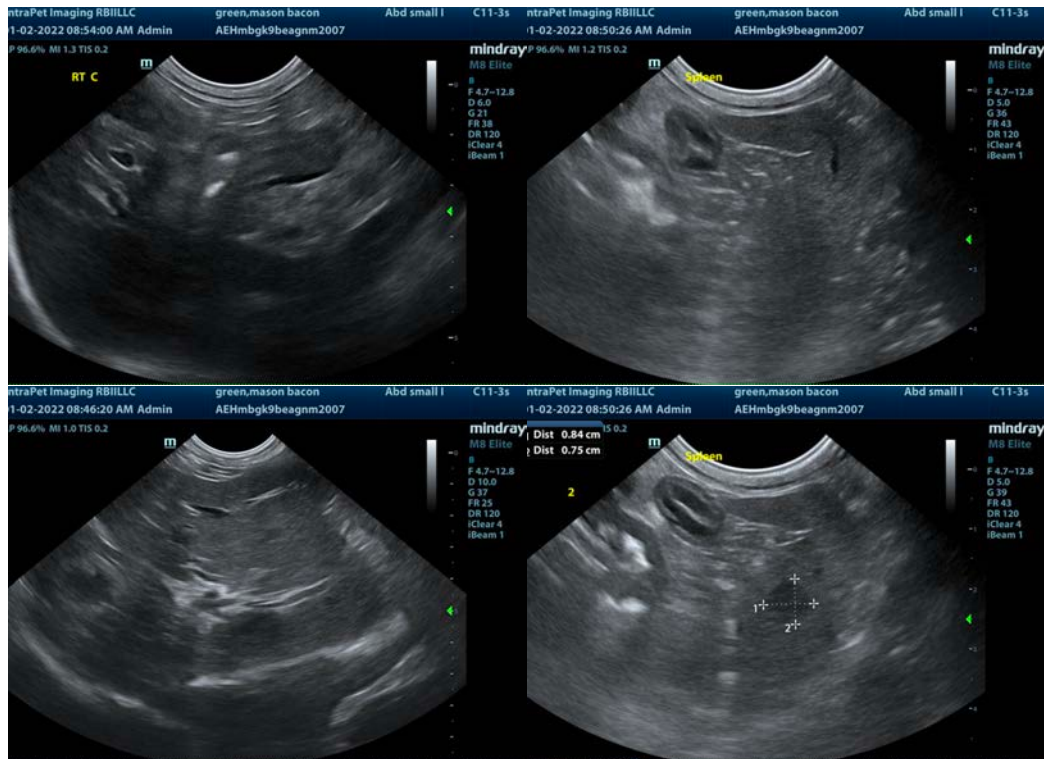
The right limb and base of the **pancreas** revealed an extensive amount of mixed echogenic remodeling.

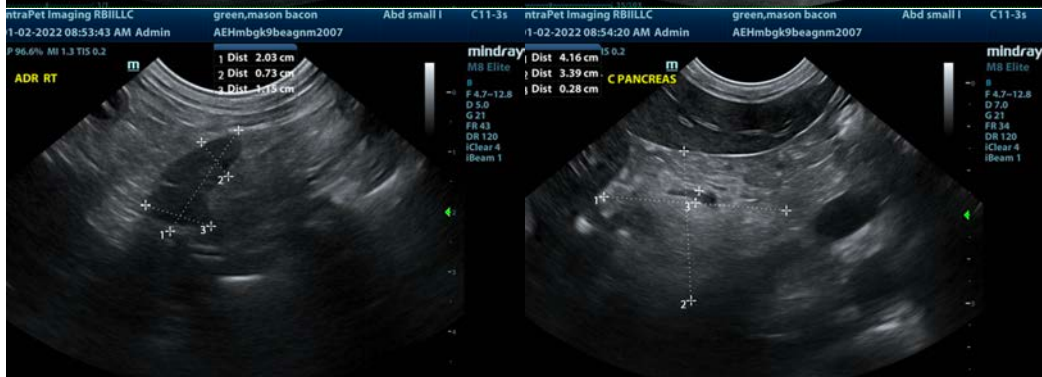
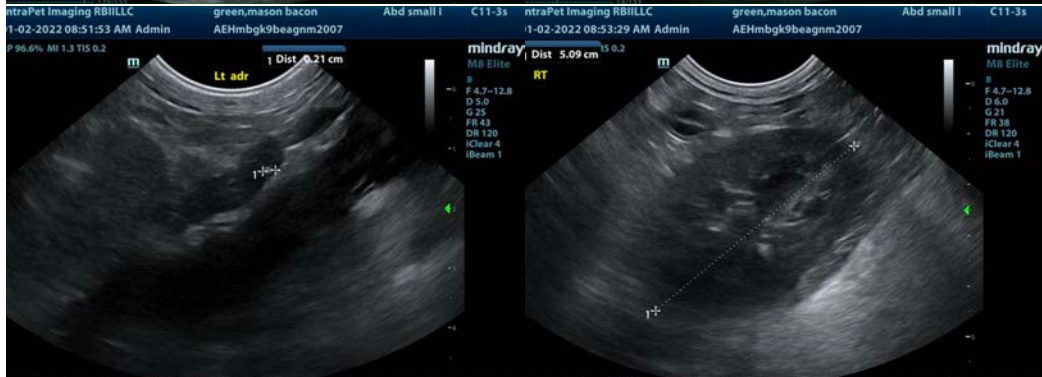
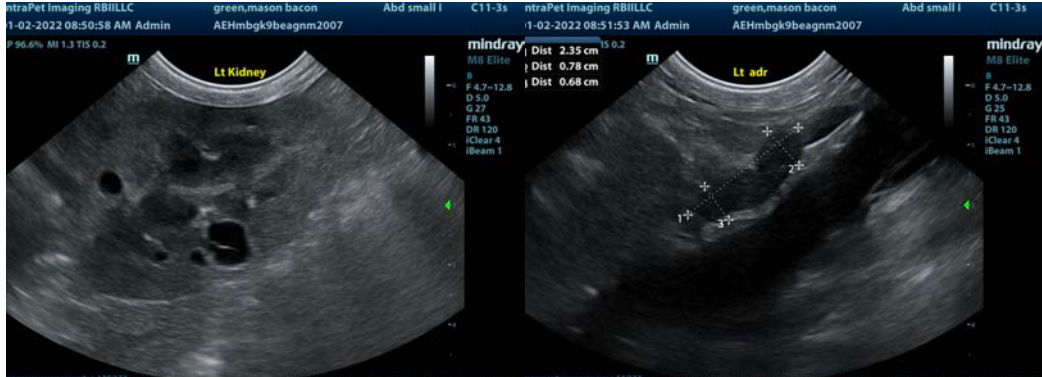
ULTRASONOGRAPHIC FINDINGS

- Age related renal changes with pyelectasia
- Bilateral adrenal hypertrophy
- Undefined Splenohepatic nodular changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend FNA of the splenic and hepatic nodules. Treatment for acute on chronic gastroenteritis recommended. Some level of pancreatitis likely. If the patient appears Cushingoid after this immediate episode has been resolved, and if the USG is <1.020 , then workup for PDH would be indicated given the bilateral adrenal enlargement. No evidence of foreign body.





The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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